

CREDIT APPLICATION



COMPANY INFORMATION:

Trade Name:		Contractor's License #:	
Website:		Email:	
Street Address:		Phone:	
City, State, Zip:		Payment App: YES / NO	
		Contract Contact:	
Billing Address:		Accts. Payable Contact:	
Type of Business:			
In Business Since:			
Billing Cut Off Date (if applicable)		P.O. Required?	
Bank:	Contact Name:	Phone Number:	Account Number:

OWNER/OFFICER INFORMATION:

Owner(s):	Title:
Federal ID, Driver's License or Social Security Number:	Phone:

TRADE REFERENCES

• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:
• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:
• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:

PLEASE FAX COMPLETED FORM TO 916.391.1465 OR OR EMAIL TO AR@SKYLINESCAFFOLD.COM

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